



DATE DUE

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(571) 273-2885 or Fax

**PUBLICATION FEE** 

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where appropriate of further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as corrected below or directed otherwise in Block I, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

23618

7590

09/19/2005

CHASE LAW FIRM L.C 4400 COLLEGE BOULEVARD, SUITE 130 OVERLAND PARK, KS 66211

12/29/2005 HDEMESS2 00000015 10697573

APPLN. TYPE

01 FC:1501 02 FC:1504 1400.00 OP 300.00 OP

SMALL ENTITY

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

(Depositor's name)	#20,682	N. Chase,	A.	D.
(Signature)	m	milla		
(Date)	)5	er 19, 20	ceml	De

TOTAL FEE(S) DUE

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/697,573	10/30/2003	Lee A. McConnel	3055	9703

TITLE OF INVENTION: RETAIN OVERFILL MONITOR WITH INTEGRATED OVER-VACUUM AND OVER-PRESSURE DETECTION

**ISSUE FEE** 

EXAMINER							
MULLEN, THOMAS J   2632   340-626000     1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).     Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.   Change of correspondence Address form PTO/SB/1722) attached.   Change of Correspondence Address form PTO/SB/1722 attached.   Change in Entity Status (from status indicated above)   Change i	nonprovisional	NO	\$1400		\$300	\$1700	12/19/2005
Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).   CFR 1.563).   CRN 1.563).   Change of correspondence address (or Change of Correspondence Address form PTO/SB/1/22) attached.   "Fee Address" indication (or "Fee Address" Indication form PTO/SB/1/28 vo 30.20 or more recent) attached. Use of a Customer Number is required.   Assignee NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)   PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.   (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)   Delaware Capital Formation, Inc.   Wilmington, Delaware   Please check the appropriate assignee category or categories (will not be printed on the patent):   Individual   Corporation or other private group entity   Governd 4a. The following fee(s) are enclosed:   4b. Payment of Fee(s):   A check in the amount of the fee(s) is enclosed.   Payment of Fee(s):   A check in the amount of the fee(s) is enclosed.   Payment of Fee(s):   Payment of Fee(s)	EXAM	INER	ART UNIT		CLASS- SUBCLASS		•
CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  Fee Address indication (or "Fee Address" Indication form PTO/SB/17. Rev 0.30-02 or more recent) attached. Use of a Customer Number is required.  ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Delaware Capital Formation, Inc.  Wilmington, Delaware  Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Governt 4a. The following fee(s) are enclosed:  Absumer of Seignature  Wilmington, Delaware  Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Governt 4a. The following fee(s) are enclosed:  Absumer of Fee(s):  A check in the amount of the fee(s) is enclosed.  Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.  Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached.  Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.  Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.  Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.  Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.  Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.  Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.  Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.  Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.  Payment of Fee(s):  A check in the amount of the fee	MULLEN, 1	THOMAS J	2632		340-626000	•	
(A) NAME OF ASSIGNEE  Delaware Capital Formation, Inc.  Wilmington, Delaware  Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Governs 4a. The following fec(s) are enclosed:    Ab. Payment of Fec(s):   A check in the amount of the fec(s) is enclosed.   Payment by credit card. Form PTO-2038 is attached.   Payment by credit card. Form PTO-2038 is attached.   The Director is hereby authorized by charge the required fec(s), or credit any overpayment perposit Account Number (enclose an extra copy of this form).    Applicant claims SMALL ENTITY status. See 37 CFR 1.27.   b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).    The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.   NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other par interest as shown by the records of the United States Patent and Trademark Office.    Date   December 19, 2005   December	CFR 1.363).  Change of correspond Address form PTO/SB/12  "Fee Address" indicat PTO/SB/47; Rev 03-02 o Number is required.  ASSIGNEE NAME AND PLEASE NOTE: Unless	ence address (or Change of (2) attached. ion (or "Fee Address" Indic or more recent) attached. Us  RESIDENCE DATA TO Fean assignee is identified by	Correspondence ation form e of a Customer  BE PRINTED ON THI clow, no assignee dat	(1) the nar or agents (2) the nar registered 2 registered listed, no registered a will app	mes of up to 3 registered pater OR, alternatively, me of a single firm (having as a attorney or agent) and the name dipatent attorneys or agents. If name will be printed.  (print or type)  car on the patent. If an assign	member a es of up to no name is 3	
4a. The following fec(s) are enclosed:    Solution   So	(A) NAME OF ASSIGNE Delaware Capi	EE Ltal Formation	(B)R	ESIDENO Wilmi	E: (CITY and STATE OR COL	·	
Issue Fee						orporation or other private	group entity Government
Payment by credit card. Form PTO-2038 is attached.  Advance Order - # of Copies	~ ` ' '	enciosed.				closed	
Advance Order - # of Copies		nall entity discount permitt			• • • • • • • • • • • • • • • • • • • •		
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).  The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other par interest as shown by the records of the United States Patent and Trademark Office.  Authorized Signature  Date December 19, 2005	_		. $\square$	The Dire	ector is hereby authorized by cl	harge the required fec(s),	or credit any overpayment, to a copy of this form).
Authorized Signature	a. Applicant claims SM	MALL ENTITY status. See	37 CFR 1.27. □				
Typed or printed name D. A. N. Chase Registration No. 20,682	Authorized Signature	H.MIM	1//	nce.	Date <u>De</u>	ecember 19, 20	

an appreciation. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.